## GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF MOTOR VEHICLES



## REINSTATEMENT HEARING APPLICATION

Hearings are held at 301 C Street, NW, Washington, DC 20001, please report to Room 1157

| CUSTOMER INFORMATION  |            |          |   |              |       |                 |         |  |
|---|------------|----------|---|--------------|-------|-----------------|---------|--|
| FULL LEGAL NAME   |            |          |   |              |       |                 |         |  |
| LAST NAME   | FIRST NAME |          | MIDDLE NAME                                       |              |       | SUFFIX          | DATE    |  |
|   |            |          |   |              |       |                 |         |  |
| Address   |            |          | Сіту  | STATE        |       | ZIP CODE        |         |  |
| ADDRESS   |            |          | CITY  | STATE        |       | ZIF CODE        |         |  |
|   |            |          |   |              |       |                 |         |  |
| TELEPHONE NUMBER  |            |          | E-Mail Address                                    |              |       |                 |         |  |
|   |            |          |   |              |       |                 |         |  |
| DRIVER LICENSE NUMBER   | STATE DATE | of Birth | Socia   | L SECURITY N | JMBER | WALK-IN         | Mail-In |  |
|   |            |          |   |              |       |                 |         |  |
| Charge  |            | DA       | TE OF CHARGE                                      |              |       | CITATION NUMBER |         |  |
| STARGE  |            |          | RIE OF OTTAKGE                                    |              |       | SHATION HOMBEN  |         |  |
|   |            |          |   |              |       |                 |         |  |
| PLEASE COMPLETE THIS SECTION  |            |          |   |              |       |                 |         |  |
| Do you hold a valid Driver License from the District of Columbia or another jurisdiction?   |            |          |   |              |       |                 |         |  |
| If <b>yes</b> , what jurisdiction/state?  |            |          |   |              |       |                 |         |  |
| jee,a. janeaaaninaane.  |            |          |   |              |       |                 |         |  |
| Here you have treated as expressed for elected as expected as expected as a substance of the second |            |          |   |              |       |                 |         |  |
| Have you been treated or counseled for alcohol or substance abuse?  |            |          |   |              |       |                 |         |  |
| If <b>yes</b> , what is the date of completion?   |            |          |   |              |       |                 |         |  |
|   |            |          |   |              |       |                 |         |  |
| Have you been charged with a traffic violation since you were revoked or suspended? ☐ YES ☐ No  |            |          |   |              |       |                 |         |  |
| If <b>yes</b> , when did that charge occur?   |            |          |   |              |       |                 |         |  |
| ,   |            |          |   |              |       |                 |         |  |
|   |            |          |   |              |       |                 |         |  |
| IMPORTANT INFORMATION   |            |          |   |              |       |                 |         |  |
| <ol> <li>If you are under 18 years of age your parent or legal guardian<br/>must accompany you, if a hearing is required</li> </ol>   |            |          | Provide proof of completion of an Alcohol Program |              |       |                 |         |  |
| <ol> <li>Reinstatement Fee of \$98 is required. (Payment methods are:<br/>Cash, Check, VISA, MasterCard, or Discover Card)</li> </ol>   |            |          | SR-22 Insurance may be required                   |              |       |                 |         |  |
| Any person using a fictitious name or address and/or knowingly making any false statement on this application is in violation of D.C. Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D.C. Official Code §22-2405).   |            |          |   |              |       |                 |         |  |
| I hereby certify and affirm that the information given above for reinstatement is true and correct.   |            |          |   |              |       |                 |         |  |
| Customer Signature Date   |            |          |   |              |       |                 |         |  |
|   |            |          |   |              |       |                 |         |  |
| DMV OFFICIAL USE ONLY   |            |          |   |              |       |                 |         |  |
| HEARING DATE HEARING TIME DMV OFFICIAL  |            |          |   |              |       |                 |         |  |
| HEARING INFORMATION   |            |          |   |              |       |                 |         |  |